



Patient Information				Clinical Impression			
Last	NORTHINGTON		Address	3520 Fall Creek Park		Primary Impression	Cardiac arrest
First	ELEANOR		Address 2	APT E		Secondary Impression	
Middle			City	Indianapolis		Protocol Used	
Gender	Female		State	IN		Anatomic Position	
DOB			Zip	46205		Onset Time	
Age	43 Yrs, 9 Months, 2 Days		Country	US		Chief Complaint	cardiac arrest
Weight	300.0lbs - 136.1kg		Tel			Duration	15 Units Minutes
Pedi Color			Physician			Secondary Complaint	
SSN			Ethnicity	Not Hispanic or Latino		Duration	Units
Race	Black or African American					Patient's Level of Distress	
Advance Directives						Signs & Symptoms	Cardiovascular - Cardiac arrest
Resident Status						Injury	--
						Mechanism of Injury	
						Medical/Trauma	Medical
						Barriers of Care	Unconscious
						Alcohol/Drugs	Unknown
						Pregnancy	No
						Initial Patient Acuity	
						Final Patient Acuity	Critical (Red)
						Patient Activity	

Medication/Allergies/History

Medications	Unknown
Allergies	Other drug allergy - unknown
History	Other - unknown
Last Oral Intake	

Vital Signs

Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RTS	PTS
20:56	Unresponsive			/	0 R	10 V						0	3=1+1+NQ		
21:01	Unresponsive	L		/	0	10 V		16					3=1+1+NQ		
21:08	Unresponsive	L		/	0	10 V		31					3=1+1+NQ		
21:12	Unresponsive	R		132/100 M	150 II	10 V		48		195		0	3=1+1+NQ	8	
21:23	Unresponsive	L		/	67 R	10 V		28					3=1+1+NQ		
21:32	Unresponsive	L		112/ P	115 R	10 V		38					3=1+1+NQ	8	

ECG

Time	Type	Rhythm	Notes
20:56	4-Lead	Asystole	
21:01	4-Lead	PEA	bradycardic and narrow complex PEA
21:08	4-Lead	PEA	narrow complex and tachycardic PEA
21:12	12L-Lead	Premature Atrial Contractions, Premature Ventricular Contractions, Sinus Tachycardia	sinus tachycardia with frequent PACs and PVCs with diffuse ST-depression
21:23	4-Lead	Sinus Rhythm, Premature Atrial Contractions	
21:32	12L-Lead	Sinus Rhythm, Premature Ventricular Contractions	sinus rhythm with diffuse ST-depression and premature ventricular contractions

Flow Chart

Time	Treatment	Description	Provider
PTA	CPR	Patient Response: Unchanged; Successful;	IFD, EG24

Name: NORTHINGTON, ELEANOR

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

Flow Chart

Time	Treatment	Description	Provider
PTA	Oxygen	Bag Valve Mask (BVM); Flow Rate: 15 lpm; Patient Response: Unchanged; Successful;	IFD, EG24
PTA	OPA	Patient Response: Unchanged; Successful;	IFD, EG24
20:56	Intraosseous	IO (Adult); IO-Humeral-Left; Normal Saline (.9% NaCl); Total Fluid: 1500 ml; Patient Response: Unchanged; Successful;	HOLINGER, CAMPBELL
20:57	Epinephrine 1:10	1 Milligrams (mg); Intraosseous (IO); Patient Response: Unchanged;	HOLINGER, CAMPBELL
20:57	Orotracheal Intubation	7.5; Placed At 23cm; Placement Verification: Auscultation, Digital ETCO ₂ , Visualization of Vocal Cords, Waveform ETCO ₂ , Condensation in Tube, Airway Complications: None Patient Response: Unchanged; Stop Time: 20:57; Successful;	HOLINGER, CAMPBELL
21:01	Epinephrine 1:10	1 Milligrams (mg); Intraosseous (IO); Patient Response: Unchanged;	HOLINGER, CAMPBELL
21:05	Epinephrine 1:10	1 Milligrams (mg); Intraosseous (IO); Patient Response: Unchanged;	HOLINGER, CAMPBELL
21:07	Sodium Bicarb 8.4%	50 Milliequivalents (mEq); Intraosseous (IO); Patient Response: Unchanged;	HOLINGER, CAMPBELL
21:10	Epinephrine 1:10	1 Milligrams (mg); Intraosseous (IO); Patient Response: Unchanged;	HOLINGER, CAMPBELL
21:11	CPR Discontinued	Patient Response: Unchanged;	HOLINGER, CAMPBELL
21:17	Consult/Order Requested	Comments: On-line Medical Control at Eskenazi ED contacted and medical alert notification made. In an effort to preserve the patient's hemodynamic stability following ROSC, decision was made to request orders for an Epinephrine infusion at 10mcg/minute should the patient become bradycardic or hypotensive. On-line Medical Control Physician approved order as requested.; Patient Response: Unchanged;	HOLINGER, CAMPBELL
21:24	Epinephrine Infusion	10 Micrograms per Minute (mcg/min); Intraosseous (IO); Patient Response: Improved;	HOLINGER, CAMPBELL
21:25	IV Therapy	16 ga; Antecubital-Left; Total Fluid: 0 ml; Patient Response: Unchanged; Unsuccessful;	HOLINGER, CAMPBELL
21:26	IV Therapy	20 ga; Forearm-Left; Total Fluid: 0 ml; Patient Response: Unchanged; Unsuccessful;	HOLINGER, CAMPBELL
21:27	IV Therapy	20 ga; Hand-Left; Total Fluid: 0 ml; Patient Response: Unchanged; Unsuccessful;	HOLINGER, CAMPBELL
21:28	Intraosseous	IO (Adult); IO-Humeral-Right; Normal Saline (.9% NaCl); Total Fluid: 200 ml; Patient Response: Unchanged; Successful;	HOLINGER, CAMPBELL

Initial Assessment

Category	Comments	Abnormalities	
Mental Status		Mental Status	+ Unresponsive - Event Oriented, Person Oriented, Place Oriented, Time Oriented
Skin		Skin	+ Cyanotic, Pale
HEENT		Head/Face	Not Assessed
		Eyes	+ Left Pupil: 5-mm, Left: Dilated, Left: Non-Reactive, Right Pupil: 5-mm, Right: Dilated, Right: Non-Reactive
		Neck/Airway	Not Assessed
Chest		Chest	- Accessory Muscle, Retractions
		Heart Sounds	Not Assessed
		Lung Sounds	+ LL: Clear, LU: Clear, RL: Clear, RU: Clear - LL: Absent, LL: Decreased, LL: Rales, LL: Rhonchi, LL: Wheezing, LU: Absent, LU: Decreased, LU: Rales, LU: Rhonchi, LU: Wheezing, RL: Absent, RL: Decreased, RL: Rales, RL: Rhonchi, RL: Wheezing, RU: Absent, RU: Decreased, RU: Rales, RU: Wheezing, RU: Rhonchi
Abdomen		General	Not Assessed
		Left Upper	- Distension, Guarding, Mass, Tenderness
		Right Upper	- Distension, Guarding, Mass, Tenderness
		Left Lower	- Distension, Guarding, Mass, Tenderness
		Right Lower	- Distension, Guarding, Mass, Tenderness
Back		Cervical	Not Assessed
		Thoracic	Not Assessed
		Lumbar/Sacral	Not Assessed
Pelvis/GU/GI		Pelvis/GU/GI	Not Assessed
Extremities		Left Arm	No Abnormalities
		Right Arm	No Abnormalities
		Left Leg	No Abnormalities
		Right Leg	No Abnormalities
		Pulse	Not Assessed
		Capillary Refill	Not Assessed
Neurological		Neurological	Not Assessed

Assessment Time: 02/06/2019 20:55:00

Ongoing Assessment



Name: NORTHINGTON, ELEANOR

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

Category	Comments	Abnormalities		
Mental Status		Mental Status	+ Unresponsive	
			- Event Oriented, Person Oriented, Place Oriented, Time Oriented	
Skin	HEENT	Skin	+ Pale	
HEENT		Head/Face	Not Assessed	
		Eyes	+ Left Pupil: 5-mm, Left: Dilated, Left: Non-Reactive, Right Pupil: 5-mm, Right: Dilated, Right: Non-Reactive	
Chest		Neck/Airway	Not Assessed	
		Chest	- Accessory Muscle, Retractions	
		Heart Sounds	Not Assessed	
		Lung Sounds	+ LL: Clear, LU: Clear, RL: Clear, RU: Clear	
			- LL: Absent, LL: Decreased, LL: Rales, LL: Rhonchi, LL: Wheezing, LU: Absent, LU: Decreased, LU: Rales, LU: Rhonchi, LU: Wheezing, RL: Absent, RL: Decreased, RL: Rales, RL: Rhonchi, RL: Wheezing, RU: Absent, RU: Decreased, RU: Rales, RU: Wheezing, RU: Rhonchi	
Abdomen		General	Not Assessed	
		Left Upper	- Distension, Guarding, Mass, Tenderness	
		Right Upper	- Distension, Guarding, Mass, Tenderness	
		Left Lower	- Distension, Guarding, Mass, Tenderness	
		Right Lower	- Distension, Guarding, Mass, Tenderness	
Back		Cervical	Not Assessed	
		Thoracic	Not Assessed	
		Lumbar/Sacral	Not Assessed	
Pelvis/GU/GI	Extremities	Pelvis/GU/GI	Not Assessed	
Extremities		Left Arm	No Abnormalities	
		Right Arm	No Abnormalities	
		Left Leg	No Abnormalities	
		Right Leg	No Abnormalities	
		Pulse	Not Assessed	
Neurological		Capillary Refill	Not Assessed	
		Neurological	Not Assessed	

Assessment Time: 02/06/2019 21:30:00

Narrative

Name: NORTHINGTON, ELEANOR

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

IEMS was dispatched for a mental/emotional C-code and responded with no lights or sirens. While responding Medic 24 was advised that the call type was upgraded to a cardiac arrest and response was upgraded to lights and sirens. IMPD reported that the patient was acting erratically and inappropriately. IMPD reported they were involved in a foot pursuit and brief physical altercation with the patient, during which defensive tactics were used to control the patient. IMPD reported that they then handcuffed the patient. IMPD reported that following that the patient became unresponsive. IMPD stated they removed the handcuffs and initiated CPR. At this point IMPD had no information regarding the patient's identity, medical history/medications/medication allergies, or drug/ETOH intake. IFD arrived first and provided initial patient care including CPR, placement of an OPA, and initiation of BVM ventilations at 10/minute with 15LPM supplemental oxygen. Upon IEMS arrival found patient supine on ground, unresponsive, with airway being maintained via manual maneuvers. Patient was unresponsive to all stimuli, GCS 3. Upon evaluation, patient was noted to be pulseless and apneic without ventilatory assistance. Patient was noted to be in asystole. Upon evaluation, no acute trauma was noted to head/face, anterior or posterior torso, or upper extremities bilaterally. Upon auscultation, patient's lung sounds were noted to be present, clear, and equal bilaterally with each ventilation. Patient's skin was noted to be warm but pale with perioral cyanosis. Patient's pupils were slightly dilated and non-reactive but equal. Patient's abdomen was noted to be soft, non-rigid, non-distended. All other exams were unremarkable given cardiac arrest status. Upon evaluation, no appreciable sites for IV access were appreciated in upper extremities bilaterally or bilateral external jugular veins. Given this fact and the patient's critical care status, decision was made to proceed immediately to IO access. IO access obtained, 45mm, in left humoral head, successfully on first attempt. Correct placement was confirmed with easy flush without signs of infiltration and blood/bone marrow presentation upon aspiration. Patient was administered normal saline running at a wide open rate and IO was secured with commercial securement device. Patient was administered 1.0mg Epinephrine 1:10,000 IO push. Patient tolerated medication administration appropriately with no adverse side effects noted. Intubation initiated. Direct laryngoscopy performed utilizing a Macintosh 4 blade, revealing a grade 1 view of vocal cords and glottic opening. Patient was successfully intubated on first attempt with a 7.5ETT. Correct placement was confirmed with direct visualization of tube passing the vocal cords, present, clear, and equal lung sounds bilaterally, negative epigastric sounds, mist in the tube, and digital ETCO2 confirmation. ETT was seated at 23cm at the teeth and secured with a commercial securement device. Upon evaluation, patient was noted to be normocarbic given cardiac arrest with a largely appropriate digital waveform. At next pulse check patient was noted to be in a bradycardic and narrow complex PEA. Patient was administered 1.0mg Epinephrine 1:10,000 IO push. Patient tolerated medication administration appropriately with no adverse side effects noted. Due to the patient being in a non-shockable rhythm, with appropriate venous access, an appropriately controlled airway, and the patient being located in the center of a church sanctuary with many bystanders present, decision was made to move the patient to the ambulance and continue resuscitative efforts in the ambulance (but not transport unless ROSC was obtained). Patient was lifted from ground and placed on cot. Patient was secured to cot and moved to ambulance without incident. ETT placement was reconfirmed multiple times throughout movement and once in the ambulance, with reauscultation of lung sounds, negative tube migration, and continued digital ETCO2 waveform. Patient was administered 1.0mg Epinephrine 1:10,000 IO push. Patient tolerated medication administration appropriately with no adverse side effects noted. Due to the patient's reported agitation, erratic behavior, the possibility existed that the patient was in an excited delirium or similar state prior to arrest. As a result, decision was made to administer 50mEq Sodium Bicarbonate IO push. Patient tolerated medication administration appropriately with no adverse side effects noted. At next pulse check following Sodium Bicarbonate administration, the patient was noted to have an increased ETCO2 and patient was now noted to be in a narrow, tachycardic PEA, no carotid or femoral pulses were appreciated. Patient was administered 1.0mg Epinephrine 1:10,000 IO push. Patient tolerated medication administration appropriately with no adverse side effects noted. At next pulse check patient was noted to have appreciable carotid and femoral pulses. CPR discontinued. Upon evaluation, patient was noted to be tachycardic, normotensive, and bradypneic without ventilatory assistance. 12-lead EKG performed and revealed sinus tachycardia with frequent PACs and PVCs with diffuse ST-depression. Patient's ETCO2 had gradually increased since ROSC was obtained, patient was now hypercarbic with an appropriate digital waveform. Lung sounds remained present, clear, and equal bilaterally. Patient's skin remained pale however perioral cyanosis had resolved. Patient's pupils remained slightly dilated and non-reactive but equal. BGC 195. Transport initiated. On-line Medical Control at Eskenazi ED contacted and medical alert notification made. In an effort to preserve the patient's hemodynamic stability following ROSC, decision was made to request orders for an Epinephrine infusion at 10mcg/minute should the patient become bradycardic or hypotensive. On-line Medical Control Physician approved order as requested. Several minutes into transport the patient's pulse began to steadily and regularly decrease to approximately 60BPM and continued to trend downwards, patient remained a sinus rhythm. This was accompanied by a decrease in ETCO2. The patient continued to have palpable carotid pulses, however a blood pressure was not obtained in an effort to expeditiously initiate intervention. An epinephrine infusion was initiated at 10mcg/minute (1.0mg epinephrine was added to a 1L of normal saline and ran at 10mL/minute). Patient tolerated medication administration appropriately with no adverse side effects noted. Shortly following initiation of epinephrine the patient's pulse began to increase and patient returned to a sinus rhythm with PACs at approximately 120 beats per minute, patient's ETCO2 increased as well. Upon evaluation, patient was noted to be normotensive. Secondary IV access attempted three times without success. Due to three failed IV attempts and no further appreciable sites for IV access, decision was made to pursue IO access. Secondary IO access obtained, 45mm in right humoral head, successful on first attempt. Correct placement confirmed with easy flush without signs of infiltration and blood and bone marrow presentation upon aspiration. Patient was administered normal saline at a wide open rate and IO secured in place with a commercial securement device. Patient monitored and reassessed throughout transport with no further significant changes noted. Patient remained slightly tachycardic and normotensive. Patient's ETCO2 eventually reached within normal limits and remained within normal limits throughout duration of transport. Correct ETT placement reconfirmed multiple times throughout transport with continued digital ETCO2 waveform, present, clear, and equal lung sounds, and negative ETT migration. Repeat 12-lead performed and had "normalized" slightly, patient continued to be in sinus tachycardia with diffuse ST-depression and occasional PVCs. Patient remained unresponsive to all stimuli, patient's pupils remained dilated and non-reactive. Patient was administered a total of approximately 1700mL normal saline throughout resuscitation. All other exams remained unchanged. Hand off report given and patient care transferred to Eskenazi ED staff.

Specialty Patient - Advanced Airway

Airway	Indications	Monitoring Devices	Rescue Devices	Reasons Failed Intubation
Class3 Grade1	Airway Reflexes Compromised Apnea/Agonal Respirations Potential for Future Airway Complications Ventilatory Effort Compromised	CPR IV ECG EtCO2	Cricothyroidotomy Combitube/King Airway BVM	N/A

Specialty Patient - CPR

Cardiac Arrest	Yes, Prior to EMS Arrival	Prearrival CPR Instructions	No	In Field Pronouncement
Cardiac Arrest Etiology	Respiratory/Asphyxia	First Defibrillated By	Not Applicable	Expired No
Estimated Time of Arrest	8-10 Minutes	Time of First Defib		Time
Est Time Collapse to 911	0 Minutes	Initial ECG Rhythm	Asystole	Date
Est Time Collapse to CPR	0 Minutes	Rhythm at Destination	Sinus Tachycardia	Physician
Arrest Witnessed By	Witnessed by Lay Person	Hypothermia	No	
CPR Initiated By	Law Enforcement	End of Event	Ongoing Resuscitation in ED	
Tme 1st CPR	20:44 02/06/2019	ROSC	Yes, At Arrival at the ED	
CPR Feedback	No	ROSC Time	21:11 02/06/2019	
ITD Used	No	ROSC Occured	After ALS	

Hospital Chart Number: 10037414338

Patient Number: 040155505

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02/07/2019 07:51:38

PCRID: 50ad75f3-0ee7-4b37-931c-a9ec01707ff85

Electronically Signed by: HOLINGER, CAMPBELL

Template Version: PCR-WEB-1.3.1

Data Version: 00681-000000000547AB49

Name: NORTHINGTON, ELEANOR

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

Specialty Patient - CPR			
Applied AED	No	Resuscitation Discontinued	21:11 02/06/2019
Applied By		Discontinued Reason	Return of Spontaneous Circulation (pulse or BP noted)
Defibrillated	No	Resuscitation	Resuscitation Attempted - Yes ; Attempted Ventilation, Initiated Chest Compressions
CPR Type	Compressions - Continuous, Ventilation - Bag Valve Mask		

Incident Details		Destination Details		Incident Times	
Location Type	Other Specified Place	Disposition	Transported Lights/Siren	PSAP Call	20:34:04
Location		Transport Due To	Law Enforcement	Dispatch Notified	20:34:04
Address	6635 E 42ND ST	Transported To	Eskenazi Hospital	Call Received	20:34:04
Address 2		Requested By		Dispatched	20:34:38
Mile Marker		Destination	Hospital	En Route	20:35:26
City	Indianapolis	Department	Emergency Room	Staged	
County	Marion	Address	720 Eskenazi Avenue	Resp on Scene	
State	IN	Address 2		On Scene	20:52:32
Zip	46226	City	Indianapolis	At Patient	20:54:00
Country	US	County	Marion	Care Transferred	
Medic Unit	MD24	State	IN	Depart Scene	21:16:41
Medic Vehicle	2993	Zip	46202-5190	At Destination	21:33:18
Run Type	911 Response	Country	US	Pt. Transferred	21:38:00
Response Mode	Emergent	Zone		Call Closed	22:09:56
Shift	B Shift	Condition at Destination		In District	
Zone		Destination Record #		At Landing Area	
Level of Service	Advanced Life Support	Trauma Registry ID			
EMD Complaint	Psychiatric Problem/Abnormal Behavior/Suicide Attempt	STEMI Registry ID			
EMD Card Number	1CARDARRW	Stroke Registry ID			
Dispatch Priority					

Crew Members		
Personnel	Role	Certification Level
HOLINGER, CAMPBELL	Lead	Paramedic (Indiana) - 15182679
IFD, EG24	Driver	Other Healthcare Professional - IFDEG24
RIZZI, KRISTEN	Other	EMT (Indiana) - 44144625

Insurance Details					
Insured's Name	Primary Payer	Self Pay	Dispatch Nature	Response Urgency	Job Related Injury
Relationship	Medicare				
Insured SSN	Medicaid				
Insured DOB	Primary Insurance				
Address1	Policy #			Contact	
Address2	Primary Insurance Group Name			Phone	
Address3	Group #			Mileage to Closest Hospital	
City	Secondary Ins				
State	Policy #				
Zip	Secondary Insurance Group Name				
Country	Group #				

Mileage		Delays		Additional Agencies	
Scene	Category	Delays			
Destination	9.8				
Loaded Miles	9.8				
Start					
End					
Total Miles					

Personal Items



Name: NORTHINGTON, ELEANOR

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

Item	Given To	Comment
Clothing		left in room with patient

Patient Transport Details

How was Patient Moved to Ambulance	Stretcher	How was Patient Moved From Ambulance
Patient Position During Transport	Semi-Fowlers	Condition of Patient at Destination

Billing Authorization

Authorization	
---------------	--

Section I - Patient / Parent of Minor Authorization Signature

Signature

Signed On	
Notice of Privacy Practices Provided	
Printed Parent Name	
Billing Authorization	
HIPAA Acknowledgement	

Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.
Authorized representatives include only the following:(Check one)

Patient's Legal Guardian
Patient's Medical Power of Attorney
Relative or other person who receives benefits on behalf of the patient
Relative or other person who arranges treatment or handles the patient's affairs
Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signature

Signature

Signed On	
Notice of Privacy Practices Provided	
Printed Name	
Reason unable to sign	

Name: NORTHINGTON, ELEANOR

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

EMS Personnel Signature

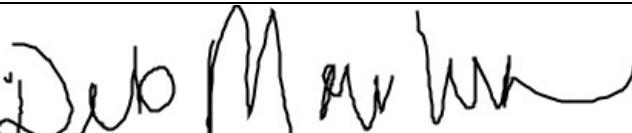
My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. **My signature is not an acceptance of financial responsibility for the services rendered.**



Signed On	02/07/2019 04:47:03
Printed Name	Campbell Holinger, CCPC
Reason unable to sign	altered mental status, critical care status, and arrest status

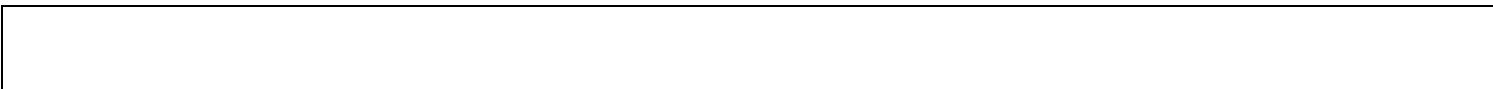
Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. **My signature is not an acceptance of financial responsibility for the services rendered..**



Signed On	02/06/2019 22:24:14
Notice of Privacy Practices Provided	No
Printed Name	Deb, RN
Title of Representative	RN

Facility Signatures



Signed On	
Receiving	



Signed On	
Paperwork Received	



Signed On	02/06/2019 22:26:32
Airway Confirmation	Rutz, MD



Provider Signatures



Lead Provider	HOLINGER, CAMPBELL	Certification Level	Paramedic (Indiana) - 15182679
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Provider	Certification Level
----------	---------------------

Provider	Certification Level
----------	---------------------

Provider	Certification Level
----------	---------------------

Name: NORTHINGTON, ELEANOR

190206205550d8db

2/6/2019

9:15:42 PM
50 yrs

Male

---/---

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

IEMS 124003

Department:

Room:

Operator:

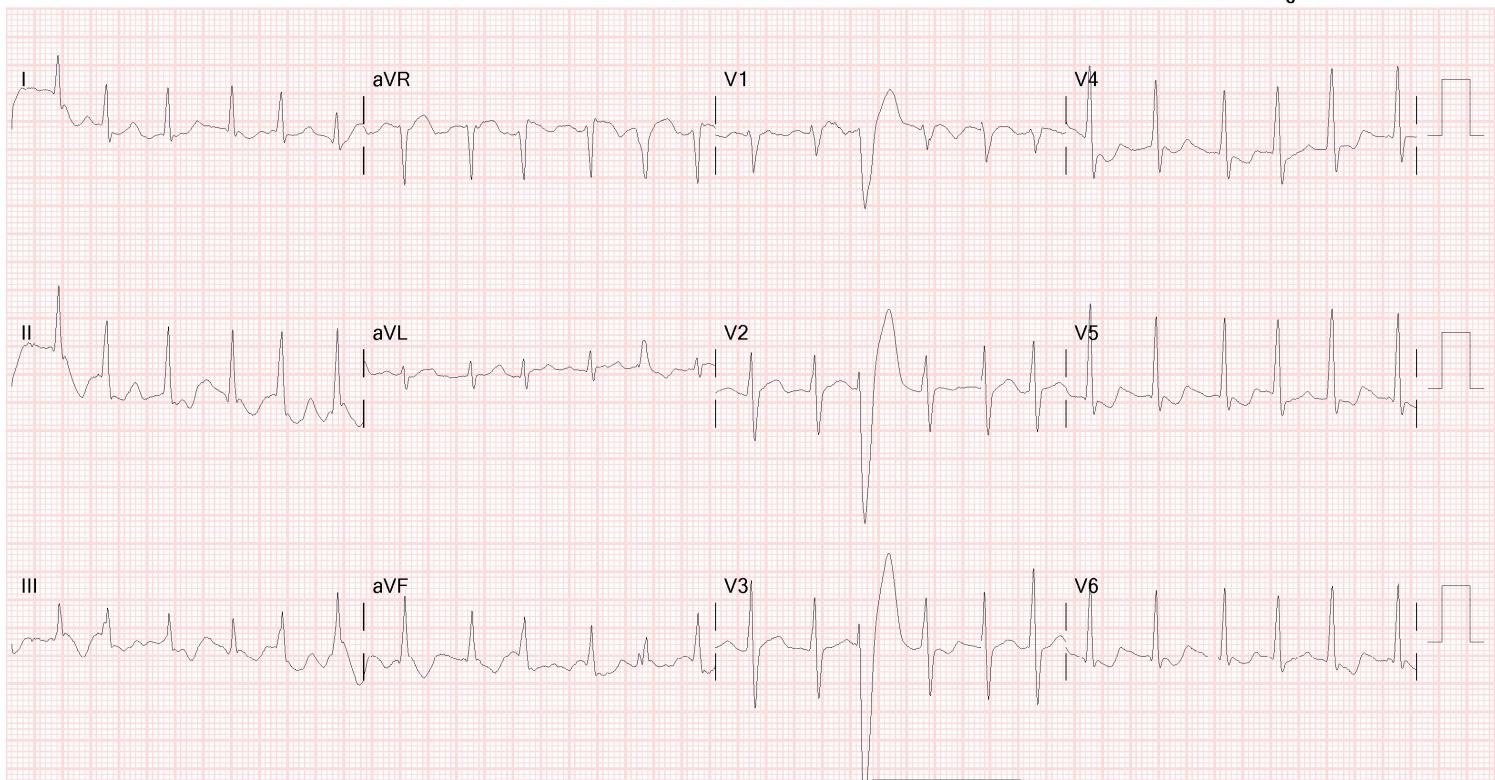
Rate 148 • Atrial fibrillation
 PR ? atrial activity
 QRSd 107 ST-T neg, ant/lat/inf
 QT 292
 QTc 440

Axes

P	
QRS	58
T	263

- ABNORMAL ECG -

Unconfirmed diagnosis



190206205550d8db

25 mm/sec
2/6/2019Limb: 10 mm/mV
9:15:42 PM

Chest: 10 mm/mV

60~ 0.05 - 40 Hz

PH100BE

P?
IEMS 124003

Name: NORTHINGTON, ELEANOR

190206205550d8db

2/6/2019

50 yrs

9:33:41 PM

Male

---/---

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

IEMS 124003

Department:

Room:

Operator:

Rate	114	• Sinus tachycardia	rate> 99
PR	159	• Multiple ventricular premature complexes	V complexes w/ short R-R intervals
QRSd	110	• Nonspecific repol abnormality, diffuse leads	ST dep, T flat/neg, ant/lat/inf
QT	345		
QTc	476		

Incident ID:
190206205550d8db

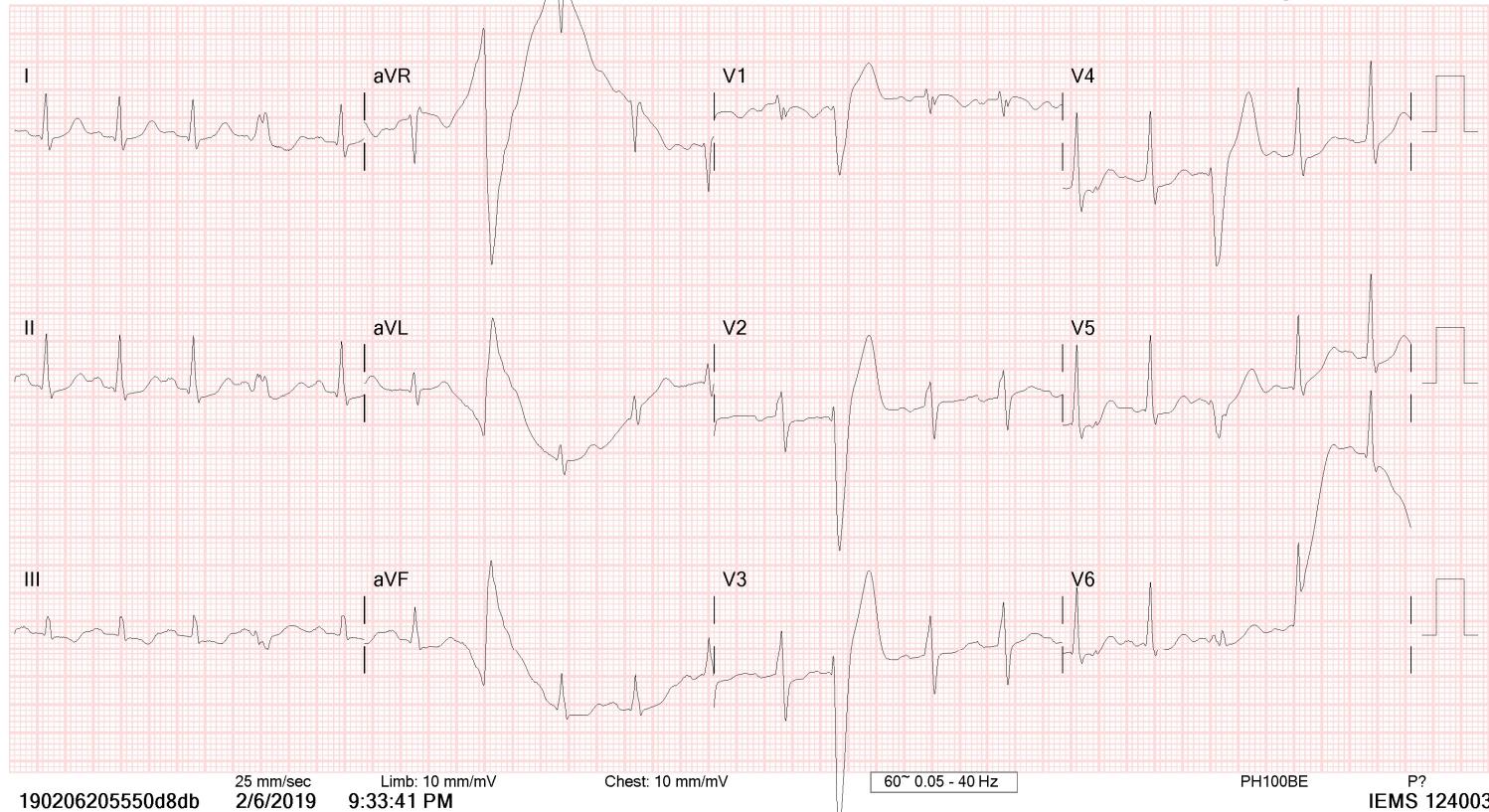
Reference ID:

Axes

P	74
QRS	55
T	-18

- ABNORMAL ECG -

Unconfirmed diagnosis



190206205550d8db

2/6/2019

9:33:41 PM

PH100BE

P?
IEMS 124003

Name: NORTHINGTON, ELEANOR

190206205550d8db

2/6/2019

9:34:32 PM
50 yrs

Male

---/---

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

IEMS 124003

Department:

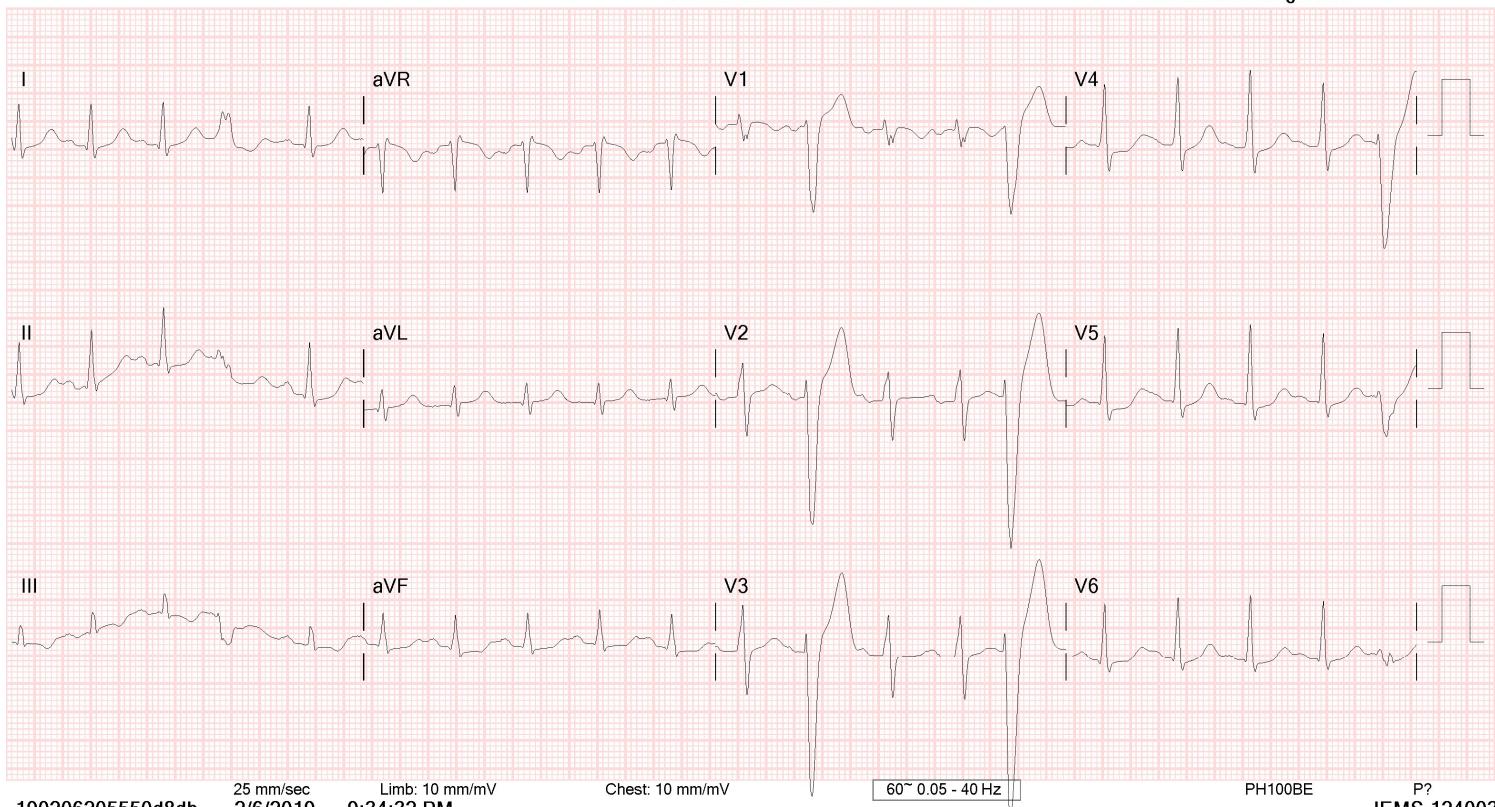
Room:

Operator:

Rate	116	• Sinus tachycardia	rate> 99	Incident ID:
PR	140	• Multiform ventricular premature complexes	short R-R, variable morphology	190206205550d8db
QRSd	108			
QT	347			
QTc	482			
Axes				
P	73			
QRS	49			
T	-24			

- ABNORMAL ECG -

Unconfirmed diagnosis



190206205550d8db 25 mm/sec 2/6/2019 9:34:32 PM

Limb: 10 mm/mV

Chest: 10 mm/mV

60~ 0.05 - 40 Hz

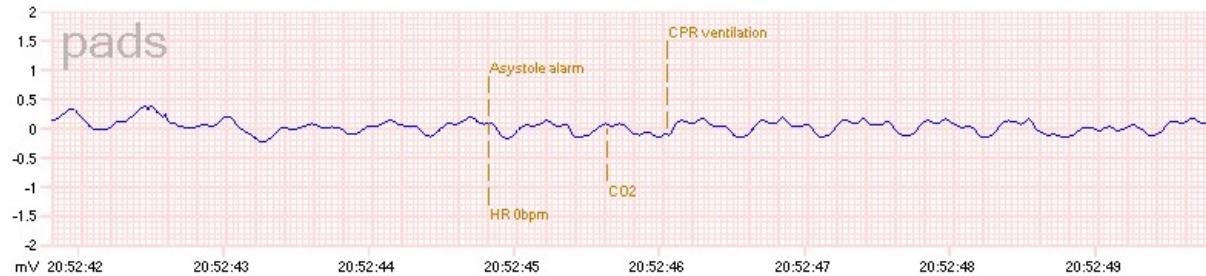
PH100BE

P?
IEMS 124003

Event Time: 2/6/2019 8:52:44 PM

Event: HR 0bpm

Image Generated: 2/7/2019 6:37:16 AM





Name: NORTHINGTON, ELEANOR

Event Time: 2/6/2019 9:42:53 PM

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

Event: HR

Image Generated: 2/7/2019 6:37:18 AM

